

Bureau of Health Care Quality and Compliance

Accepted 10/28/10 M. H. H. H.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN3784ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2010
NAME OF PROVIDER OR SUPPLIER RIDGE HOUSE III		STREET ADDRESS, CITY, STATE, ZIP CODE 990 CAMBRIDGE RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comment The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 10/5/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was six. Six resident files and four employee files were reviewed. One discharged resident file was reviewed.	D 000		
D 108 SS=F	NAC 449.123(4)(a) Sanitary Requirements 4. Premises and equipment must be maintained in a sanitary condition: (a) The facility must have the necessary cleaning and maintenance equipment with sufficient storage areas and appropriate procedures to maintain a clean and orderly establishment. This Regulation is not met as evidenced by: Based on observation and interview on 10/5/10 the facility failed to maintain the facility's equipment in a sanitary condition. The facility stove had a broken inner window posing a potential burn hazard for residents when preparing meals. Severity: 1 Scope: 3	D 108	A new stove was purchased and installed. Monthly house checks now include checking all appliances for proper operation.	10/19/2010 <i>JK</i> <i>MF</i>

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6889

S5IH11

If continuation sheet 1 of 3

Bureau of Health Care Quality and Compliance

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D 122 SS=F	NAC 449.126(2) Laundry 2. The laundry must be situated in an area which is separate from any area where food is stored, prepared or served. The laundry must be well-lighted, ventilated, adequate in size to house the equipment and maintained in a sanitary manner. The equipment must be kept in good repair. This Regulation is not met as evidenced by: Based on observation and interview on 10/5/10, the facility failed to prevent the accumulation of a large amount of lint behind the dryer in the garage creating a fire hazard. Severity: 2 Scope: 3	D 122	The dryer vent has been reconnected and all lint vacuumed and removed. Monthly house checks now include checking the dryer for cleanliness and lint removal.	10/06/2010 OK mf
D 217 SS=F	NAC 449.141(9) Health Services 9. Each facility shall maintain and have readily available first-aid supplies. Staff members shall have evidence that they have received training on the use of first-aid supplies. This Regulation is not met as evidenced by: Based on observations and interview on 10/5/10, the facility failed to have a mask for cardiopulmonary resuscitation available as part of the first-aid supplies on hand to respond to an emergency. Severity: 2 Scope: 3	D 217	A cardiopulmonary resuscitation mask has been purchased and placed with the 1 st aid supplies. The House Manager is responsible for ensuring that 1 st aid supplies available including a CPR mask.	10/18/2010 OK mf
D A89 SS=A	NAC 449.114 Employee Record	D A89		

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STATE FORM

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SSIH11

If continuation sheet 2 of 3

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D A89	<p>Continued From page 2</p> <p>11. A personnel record must be maintained for each employee. The record must contain:</p> <ul style="list-style-type: none"> (a) The employment application; (b) Letters of recommendation; (c) Reference investigation records; (d) Verification of training, experience and certification; (e) Job performance evaluations; (f) Incident reports; and (g) Disciplinary actions taken. <p>12. Personnel records must be maintained in a secure manner and must be available only to those persons authorized in written policies and procedures. An employee must have access to his own file upon request.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 10/5/10, the facility failed to conduct an annual evaluation of the performance of 1 of 4 employees (Employee #3).</p> <p>Severity: 1 Scope: 1</p>	D A89	<p>An annual evaluation was completed on 3/21/2010 and located for employee signature, signed and placed Employee #3's file.</p> <p>All evaluations are completed by the Executive Director or Assistant Director at the time of employee annual review and will be signed at that time and placed in the employee file.</p>	<p>10/15/2010</p> <p><i>OK</i> <i>mg</i></p>	

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6899

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If continuation sheet 3 of 3